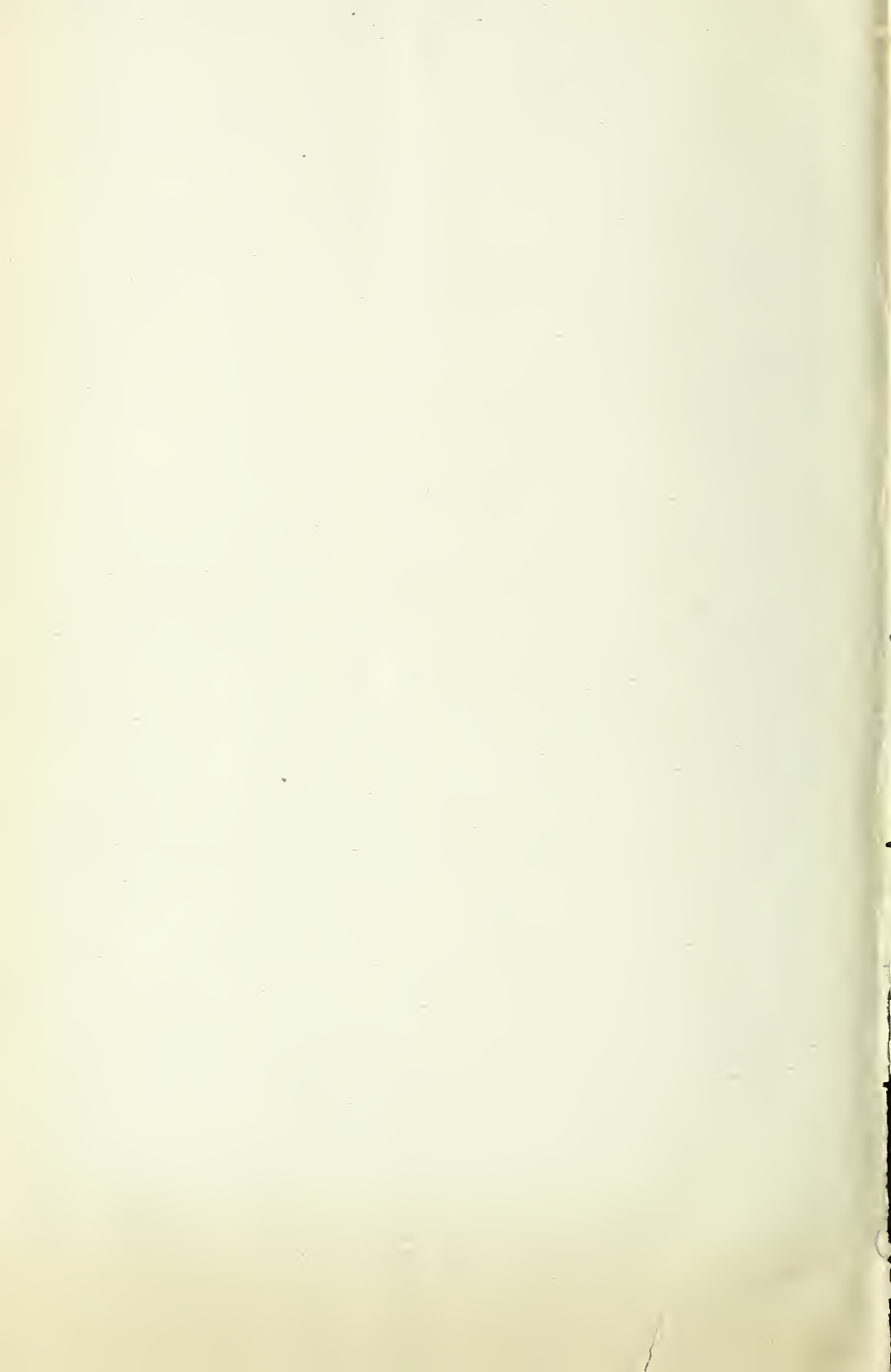


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Annual Report  
OF THE  
Medical Officer of Health  
FOR THE  
Arnold Urban Sanitary District,  
FOR THE YEAR 1911.

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ANNUAL REPORT  
OF THE  
**Medical Officer of Health**  
FOR THE  
**ARNOLD URBAN SANITARY DISTRICT,**  
**FOR THE YEAR 1911,**  
TOGETHER WITH THE  
**Report of the Inspector of Nuisances.**

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ARNOLD, FEBRUARY 26th, 1912.

TO THE ARNOLD URBAN DISTRICT COUNCIL.

GENTLEMEN,

I beg to present my Fifteenth Annual Report.

The year 1911 came in with very favourable weather and without those extremes of temperature which we often get in this country, consequently there was very little illness due to climatic conditions, and the death rate was comparatively low : this mild weather continued till the end of March, and then it became excessively cold, but in spite of this the death rate remained very low, due, I presume, to the fact that the temperature did not vary very much from day to day, and people were, so to speak, prepared. In June, July and August, the weather was very hot and dry, and Diarrhœa became epidemic and caused a good deal of illness, especially in young children.

In the last few months of the year the temperature was mild, but the weather became very damp in November and December and respiratory diseases were very prevalent, particularly in children, and there was also an outbreak of Scarlet Fever and Diphtheria. There were also a good many cases of Influenza.

The most noteworthy features of the year were the comparatively small amount of sickness in the district, the low death and birth rates, the epidemic of Scarlet Fever and Diphtheria during the last few months, the adoption of the Notification of Births Act and the appointment of a Health Visitor, and the working of the Housing Act, 1909.

So much for the general course of events during the year. I will now ask you to consider the details:—

### Vital Statistics.

I.—*Population*.—Since my last Annual Report the Census has been taken, and the population of the district on April 1st was found to be 11,147. The following are the figures and the increase between the last four Censuses:—

1881	...	5,741.			
1891	...	7,769,	an increase of 2,028.		
1901	...	8,757,	„	„	988.
1911	...	11,147,	„	„	2,390

It will be seen how the increase of a working-class population may vary, and how extremely difficult it is to estimate the population from year to year with only a ten yearly Census: this variation is due in a district like ours to conditions of local trade and employment, and I have no doubt that the large increase of 240 a year in Arnold and Daybrook is practically due to the development of Gedling Colliery in the last few years, which has undoubtedly brought a large number of fresh people into the district.

It must always be remembered that the estimation of the population is of very considerable importance, for on that all the chief statistics are based, if too high the results are too flattering, and if too low the reverse, and that is why I have so often remarked that a quinquennial Census would be better.

I have been fortunate in estimating our population very nearly correctly, but for this I am much indebted to one of the Rate Collectors, Mr. Askew, who has given me such accurate information about the inhabited houses, he has supplied me with the number at the end of every June, and on this I have made my calculation. I have, however, in consequence of my local knowledge, and for safety's sake, not taken the number of inhabitants per house as given at the Census of 1901, which was 4·8, but have reckoned on a little less, viz.: 4·5, this, as I have said, allows a margin on the right side, and if in error the death rate will

at any rate be over-estimated and not under-estimated. Deduced from this last Census the population at the middle of 1910 was 10,968, my estimation being 10,953, a difference of 15, this more or less fortunate calculation makes the figures in Table I. approximately correct for previous years and saves a revision which had to take place at the Census of 1901, when my estimation was some hundreds too high.

The following were the figures of the Census, April 1st, 1911. :—

Dwellings.			Population.		
Inhabited.	Un-inhabited.	Building.	Males.	Females.	Persons.
2,463.	236.	26.	5,327.	5,810.	11,147
Daybrook.					
1,042.	83.	16.	2,191.	2,393.	4,584
Arnold.					
1,421.	153.	10.	3,146.	3,417.	6,563

The average number of persons per house is 4·5 and is somewhat lower than at the previous Census when it was 4·8.

The increase of the population since the Census of 1901 is 2,390, the natural increase for the ten years, by excess of births over deaths, being 1,642. I have estimated the population at the end of June, as required by the Local Government Board, at 11,207.

II.—*Deaths*.—There were 118 deaths registered in the district during the year—55 males and 63 females—resulting in a death rate of 10·52 per 1,000. This is the gross death rate, and the transferable deaths have to be taken into consideration. Transferable deaths are the deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. Previously only deaths taking place in public institutions came under this heading. The nett death rate is obtained by subtracting the number of deaths of persons dying in the district, but who usually lived outside, and by adding the number of deaths of residents who have died elsewhere. The first of these classes is obtained by the Medical Officer of Health from the returns made to him by the local Registrar, the second through the County Medical Officer, who has quarterly returns sent to him by the Registrar-General, and he in turn distributes them to the different districts. I have no doubt that this new method will be more accurate than that employed in former years.

I find that there is only one death to be deducted, and I have received particulars of 14 deaths—4 males and 10 females—from the County Medical Officer which have to be added to those registered in the district; therefore the nett deaths are 131, and the nett death rate 11·68.

These transferable deaths occurred as follows:—

7	in the Basford Workhouse.
4	„ Nottingham General Hospital.
1	„ Basford Sanatorium.
1	„ Children's Hospital.
1	at Carlton.

The death rate, both gross and nett, is the lowest recorded in the reports which are in my possession, and which date from 1886.

It may be interesting to quote the death rates for the months:—

January	...	9·49	July	...	13·99
February	...	10·68	August	...	15·07
March	...	5·93	September	...	9·32
April	...	11·86	October	...	9·32
May	...	12·34	November	...	8·16
June	...	9·32	December	...	18·65

I append the Registrar-General's return for 1911:—

### Death Rate.

			CRUDE.	CORRECTED.
England and Wales	...	...	14·6	14·6
77 great towns	...	...	15·5	16·4
136 smaller towns	...	...	13·8	14·4
England and Wales less the 213 towns			13·9	13·1
London	...	...	15·0	15·8

Of the 131 deaths:—

40	were under 1 year of age.
12	were between 1—5 years of age.
5	„ 5—15 „
2	„ 15—25 „
15	„ 25—45 „
19	„ 45—65 „
38	were over 65 „

The diseases causing the chief mortality were :—

Diarrhœa ... ..	17
Premature Birth, etc. ...	16
Cancer ... ..	15
Bronchitis ... ..	14
Pneumonia ... ..	10

Four inquests were held.

### Age Mortality.

Table III. shows the ages at which the deaths occurred, and also the causes of death, classified and arranged. The following is the percentage of deaths at different ages :—

Under 1 year ...	40 deaths	...	30.53 per cent.
Between 1—5 years	12	„	9.16 „
„ 5—15 „	5	„	3.81 „
„ 15—25 „	2	„	1.52 „
„ 25—65 „	34	„	25.95 „
Over 65 „	38	„	29.00 „

### Seasonal Mortality.

25 deaths occurred in the 1st quarter, or 19.08 per cent.

27 „ „	2nd „	20.61 „
44 „ „	3rd „	33.58 „
35 „ „	4th „	26.71 „

### Infant Mortality.

There were 40 deaths of Infants under 12 months of age, which means a death rate of 138 per 1,000 births.

The causes of these deaths were :—

Diarrhœa... ..	14
Premature Birth ... ..	8
Marasmus ... ..	8
Bronchitis ... ..	3
Pneumonia ... ..	2
Convulsions ... ..	2
Rickets ... ..	1
Meningitis ... ..	1
Unclassified ... ..	1



The following, from the County Medical Officer's Report for 1910, is an interesting table of the infantile death rates of surrounding districts for that year:—

Warsop	...	...	...	...	179
Sutton-in-Ashfield	...	...	...	...	168
Kirkby-in-Ashfield	...	...	...	...	145
Mansfield Woodhouse	...	...	...	...	144
Arnold	...	...	...	...	138
Hucknall Torkard	...	...	...	...	129
Huthwaite	...	...	...	...	125
Worksop	...	...	...	...	112
Carlton	...	...	...	...	109
Beeston	...	...	...	...	106
Eastwood	...	...	...	...	90
West Bridgford	...	...	...	...	40

Average Urban Districts, 122.

The infant death rate is again very high and is exactly the same as in 1910, it is an improvement on the average of the last ten years, the figures for which are 139, 141, 170, 200, 161, 124, 148, 171, 159, 138.

The late hot, dry summer was extremely favourable to infantile diseases, and has caused a greatly increased rate of infant mortality all over the country. This is clearly shown by the Registrar-General's returns which I quote for the last two years for the sake of comparison, the summer of 1910 being cold and damp:—

	1911.	1910.
England and Wales	130	106
77 great towns	140	115
136 smaller towns	133	104
England and Wales less the 213 towns	118	96
London	128	

It will be noticed how the figures for 1911 are considerably higher in each case.

It is generally agreed, I think, that, under the most favourable conditions, the infant death rate should not be higher than 80 per 1000 births, and it will be seen how lamentably short of the ideal the urban districts are, though the rural approach that figure very nearly—85.



Our rate of 188, though extremely high, is very nearly the rate of England and Wales, and I think we may congratulate ourselves that, considering the abnormal conditions in the summer, it is as low as it is.

There was such a serious outbreak of Epidemic Diarrhœa amongst children all over the country during the last week of July and the whole of August, that the Local Government Board issued a special circular to Councils and Medical Officers of Health, advising chiefly:—

- 1st. That exact advice should be given as to the feeding and management of children, and more generally as to preventing the exposure of their food to contamination from decomposing organic matter: personal visits and the offer of practical advice to the mothers of babies born within the last twelve months being of great importance.
- 2nd. That extra efforts should be made for efficient and frequent scavenging, both in and around houses and in streets and courts.

The Medical Officer of Health is asked to state the course of action adopted in the district to prevent Diarrhœa and Infant Mortality.

Both these points were especially borne in mind during the epidemic period. I gave the Health Visitor special instructions to impress upon parents the extreme importance of the *early* treatment of infantile diarrhœa, and the extra necessity there was of keeping their houses clean and free from accumulations of decaying animal and vegetable matter and as free from flies as possible. Any outside defect she at once brought to the notice of the Sanitary Inspector or myself.

The Sanitary Inspector paid special attention to the scavenging, and though, of course, it was impossible to get through the whole district in such a short time, yet all the most urgent cases were attended to, and localities, where the conditions were especially favourable to the outbreak of Diarrhœa, were cleansed as speedily as possible.

As the Health Visitor and the Notification of Births Act are so intimately connected with the reduction of Infant Mortality, it will be well to refer to them at this stage of my report.

The Lady Health Visitor commenced her duties on May 1st, and the Act came into force on June 12th.

Miss Palmer, unfortunately, felt obliged to leave in December owing to the offer of an appointment in Nottingham. She was a most conscientious and painstaking Visitor; she was much liked, and her visits were appreciated by the mothers. I am sure she did a lot of good work whilst she was with us, and in many homes I saw the results of her advice.

The routine which we adopted in the majority of cases was as follows:—As soon as the birth is notified she visits the home, except when the case is being attended by a doctor, the first visit then is not paid till he has finished his attendance at the end of a fortnight; her second visit was usually paid at the end of a month or six weeks, or earlier if thought necessary; her third at the end of three months, and a fourth when the child is six months old. A Health Visitor would then use her own discretion as to visiting after that: it would all depend on the state of the child. In some cases it might be necessary to go once a month, or even oftener, and in others not for six months. In every case she would keep an eye on the child till it was twelve months of age. In addition to these duties a Health Visitor advises expectant mothers on the management of their health, points out defects in domestic sanitation, and in a general way endeavours to make the homes cleaner and healthier.

In spite of the hot, dry summer our Infant Mortality rate has not been increased, though it has risen throughout the country generally from 106 in 1910 to 130 in 1911, and I think we can reasonably presume that it is due, in part at any rate, to the efforts of the Lady Health Visitor.

The Notification of Births is carried out by the doctor or midwife, and must be done within 36 hours of the birth. In not a single instance has a birth been notified to me by the father, who is also responsible for this duty. Printed post cards are provided for this purpose, and every medical man and midwife in the district is supplied with them. On receiving a notification I enter it in the register, which is kept at the Public Offices so that the Health Visitor can have access to it at any time. I mark the cases which, in my opinion, she need not go to.

The number of births notified to me under the Act was 145, 10 of them being still-born, and as this is only for half the year, and the total registered in the district is 286, I think it is fair to presume that the Act is efficiently carried out.

III.—*Births*.—286 were registered during the year—145 males and 141 females.

The Registrar-General has forwarded to me two transferable births, so that the gross Birth Rate is 25·51 per 1000 of estimated population and the nett 25·69.

Reference to Table I. will show that the birth rates in this district have been diminishing. The average of the previous twenty years has been over 31, and now in consecutive years it has fallen to 25. This is quite contrary to what one expects in a district of this description, for it is universally accepted that high birth rates are the rule in all coal mining and manufacturing places, and that it is usually in residential communities that low birth rates are common.

The Registrar-General's returns for 1911 are:—

England and Wales ... ..	24·4
77 great towns... ..	25·6
136 smaller towns ... ..	23·4
England and Wales less the 213 towns ...	23·4
London ... ..	25·0

There were 15 illegitimate births, or a proportion of 52·08 per 1000 registered births. There were 3 deaths, which means an infant mortality among the illegitimate children of 200 per 1000 births, compared with 135 for the legitimate. I have several times in previous reports remarked on this startling difference, and have nothing more to add, excepting that this difference continues year after year, and is surely due to more than coincidence.

IV.—*Infectious Diseases*.—There were 71 cases notified during the year. Pulmonary Tuberculosis is for the first time included in the Local Government Board's Table (II.). The numbers for the previous five years were 51, 31, 25, 41, 62. The attack rate per 1000 of the population is 6·33.

The following were the diseases:—

Diphtheria ... ..	32
Scarlet Fever... ..	25
Enteric Fever ... ..	4
Pulmonary Tuberculosis (in Hospitals)	10

Table II. shows the ages at which they occurred. There were 22 deaths from zymotic or infectious diseases.

Diarrhoea ... ..	17
Diphtheria ... ..	4
Whooping Cough ... ..	1

This represents a death rate of 1.96 per 1000 of the population.

## Notifiable Infectious Diseases.

I.—*Enteric or Typhoid Fever*.—Four cases were notified during the year. The numbers for the previous ten years were 0, 1, 3, 16, 2, 5, 5, 6, 1, 2.

Three of these cases lived in close proximity to each other, and developed the disease at the same time. Two of them were relatives and were often together, but they lived in different houses. In spite of these facts it was quite impossible to trace a definite origin for the disease. There was no reason to suspect the water, they had their milk from different sources, there was no history of their having eaten shell fish, or indeed any food away from home for weeks, and there had been no other *known* case in the town since April, 1909. The presumption is that these three patients developed the disease from the same infection, which was probably food which had been contaminated either by dust or flies from the specific excreta of an unrecognised mild case.

Three of the cases were nursed at home, and it is satisfactory to note that none of the other inmates developed the disease. I have certainly found that of late years people realise more the importance of isolation and disinfection and follow out the directions of the medical man much more carefully. One case was sent to the Basford Sanatorium, as it was quite impossible for him to be looked after properly at home.

II.—*Diphtheria*.—I regret to have to record the largest number of cases in this district that has ever occurred, viz.—32.

There was one case in each of the first six months of the year, there were 4 in September, 7 in October, 6 in November, and 9 in December.

There were 4 deaths from this cause.

The following table gives the number of cases and deaths during the last few years :—

	Cases.	Deaths.	Fatality per cent.
1902 ...	13	4	30·7
1903 ...	7	1	14·2
1904 ...	23	8	34·7
1905 ...	1	1	100·
1906 ...	8	2	25·
1907 ...	12	1	8·3
1908 ...	12	5	41·7
1909 ...	3	0	0·
1910 ...	12	0	0·
1911 ...	32	4	12·5

Four cases were sent to the Basford Sanatorium.

It will be seen from Table II. that the majority of the cases occurred in children of school age, viz:—5—15 years, and this emphasises what I have said in previous Reports, that schools are the chief means by which the disease is spread, children with a mild unsuspected attack often attending and imparting the complaint to others.

The disease varied greatly in severity, and did not seem to be connected with any particular locality, and there was no reason to suspect any special milk supply. So far as I can ascertain Antitoxin was used in nearly all the cases, but the chances of a patient depend to a great extent on *early* treatment, unfortunately in a good many cases the disease has made considerable headway before a doctor is called in, and then recovery is a matter of doubt, but even in these cases the marvellous results of Antitoxin are often seen, and though since the introduction of the serum the fatality from the disease has decreased in a most marked manner, I think that if only *all* the cases could be seen and treated early, the fatality would be reduced still more.

You supply Antitoxin free to necessitous cases, and four such cases occurred during the year.

III.—*Scarlet Fever* was present in the district practically all the year, though nearly half the cases were notified in November, the total number being 25, of which 4 were sent to the Basford Sanatorium, as isolation could not well be provided at home. The disease was



not confined to any particular locality, nor was it any special school that was affected, but cases kept cropping up in different parts of the district and apparently having no connection with each other.

The disease generally was of a mild character, and this fact was probably the cause of its long duration, as doubtless some children had the complaint without the parents recognising it and were going to school in an infectious state: often the rash is a very transient one, with little or no bodily illness, and the "peeling" very slight, so it is not surprising that Scarlet Fever is sometimes a difficult disease to eradicate when once it has started in a place. There were no deaths from this cause.

IV.—*Erysipelas* and

V.—*Puerperal Fever* were not notified.

VI.—*Small Pox*.—There were no cases during the year. Referring to my last Annual Report I notice that I said that "vaccination, the most efficient safeguard against Small Pox, is on the decrease," and this last year only confirms my opinion: the Public Vaccinator also agrees with me on this point. I would like to bring to your notice, an extract from a report by the Medical Officer of Health for Edinburgh, who was requested by his Council to report on this subject. It says:—

1. *The marked fall in mortality from Small-pox dating from the introduction of vaccination.* This has been noticed everywhere where comparative returns of the number of Small-pox deaths are available.
2. *Vaccinated persons suffer from Small-pox in a much smaller proportion than do the unvaccinated,* and the more recent the vaccination the less is the chance of attack. Some instances may be quoted:—

(a) At a time when only 10 per cent. of the children in London were unvaccinated, of 2,863 admitted to the Hospitals, no less than 76 per cent. had never been vaccinated. The unvaccinated population, therefore, yielded for its numbers nearly five times as many cases of Small-pox as the vaccinated.

(b) The experience of Warrington, Dewsbury, Gloucester and Leicester, shows that at all ages the vaccinated

population of the houses invaded by Small-pox had a much lower attack rate than the unvaccinated.

3. *Since the introduction of vaccination, the age at which persons are most likely to take Small-pox has altered.* Before vaccination was introduced nearly everyone took Small-pox in early life, just as we see with measles to-day. Now-a-days, in vaccinated communities, the patients are chiefly adults, while in unvaccinated districts children take Small-pox as freely as ever.

Thus, in Gloucester, a generally unvaccinated town, no less than 64 per cent. of the persons attacked were under 10 years of age, whereas in Glasgow, a well vaccinated city, only 5.5 per cent. were under 10 years.

4. (a) *Of those who take Small-pox, the vaccinated show a lower mortality than the unvaccinated.* In London in 1900 11.5 per cent. of the vaccinated died, as against 51.6 per cent. of the unvaccinated.
- (b) *Severe forms of the disease occur with much greater frequency in the unvaccinated.* In Glasgow, in 1900, 56 per cent. of the unvaccinated cases were of a "very severe" type, whereas only 19 per cent. of the vaccinated were of a "very severe" character.
4. *Revaccination properly practised has been proved to afford complete protection against Small-pox.*
  - (a) In Germany, since revaccination has been enforced at school age and military service age, Small-pox is so rare that it is unnecessary to maintain hospitals to deal with it. Berlin has 12 beds for Small-pox in a pavilion of a general hospital. London has 2,500 in hospitals specially constructed and maintained for the purpose.
  - (b) Hospital attendants and nurses, if revaccinated, do not contract Small-pox. Of 734 attendants employed under the Metropolitan Asylums Board, 79 had had Small-pox previously and 645 had been successfully revaccinated before undertaking duty. None of these took the disease. The remaining 10 had not been revaccinated, and all took Small-pox.



I think the above reasons are sufficient to justify the belief in the protection afforded by vaccination and revaccination against Small-pox.

Now-a-days, when all vaccinations are performed with glycerinated calf lymph, the risk of conveying any disease is practically *nil* and need not be considered. The risks of vaccination are very slight, but of course should the wound become dirty it will give trouble just the same as any other wound. Antivaccinationists are very fond of saying that the lessened amount of Small-pox and the fall in mortality are due to improved sanitary conditions, but other eruptive diseases—such as Measles and Scarlet Fever—are as common as ever, in spite of sanitary improvements.

I have ventured to bring this report to your notice, because I think seriously of the subject, and fear that sooner or later there will be a heavy penalty to pay for the neglect of this simple and harmless precaution.

## Non-Notifiable Infectious Diseases.

VII.—*Measles*.—Only a very few cases came under observation, and these were of a very mild character.

VIII.—*Whooping Cough*.—There were some cases of this complaint in July, August and September, though at no time was there any approach to an epidemic, in which we were fortunate, for it is usually a troublesome disease to get rid of, for the child is infectious before the characteristic cough appears; the infection lasts a long time; and it is practically impossible to isolate children for any length of time—at any rate in the homes of the poor—whose only trouble, perhaps, is an occasional cough.

IX.—*Epidemic Diarrhœa*.—The hot, dry summer was conducive to the spread of this disease, which became epidemic during the last week in July and continued during the whole of August.

I have previously in this Report referred to this subject, and to the circular from the Local Government Board as to the best means of grappling with it, under the heading of “Infant Mortality,” with which it is so intimately connected, and need only add that it is to a great extent a preventible disease, and that its main causes are:—

- (1) Want of cleanliness in the house and food.
- (2) Improper feeding of infants.
- (3) Dirty, unpaved yards around houses.
- (4) Insanitary condions generally.

The reason why a *hot, dry* summer favours the disease is this:—the heat conduces to the decomposition of organic matter, and the drought causes polluted dust, which is scattered throughout the whole district and infects exposed food.

There were 17 deaths from this cause, 14 of which were in infants under twelve months of age.

X.—*Influenza*.—A few cases occurred in the early part of the year and during November and December, but the attacks were comparatively mild. There is no doubt that Influenza is not nearly so severe a disease as it was when it appeared in this country about twenty years ago. In 1891 it accounted for over 7 per cent. of the deaths in this place, and year by year the mortality has been lessening.

XI.—*Pulmonary Tuberculosis, or Consumption*, caused 4 deaths, giving a death rate of .35 per 1000 of the population. The following table gives the death rates for the preceding 10 years, showing an average of 1.02:—

1901	...	...	.91
1902	...	...	1.12
1903	...	...	1.11
1904	...	...	.90
1905	...	...	1.23
1906	...	...	.68
1907	...	...	1.15
1908	...	...	1.31
1909	...	...	.92
1910	...	...	.91

The death rate from other Tuberculous Diseases is .44 per 1000, and from *all* Tuberculous Diseases .803.

From January 1909 Pulmonary Tuberculosis has been notifiable to the Medical Officer of Health when occurring in Workhouses or in paupers attended by the Poor Law Medical Officer. On May 1st, 1911, a further order came into force, viz.—that all cases occurring in

Hospitals or other Institutions for the sick were also to be notified. On January 1st, 1912, the order was extended so that all cases in private practice were compulsorily notifiable as well: there is now therefore, a complete system for the notification of all cases of consumption.

The Medical Officer of Health is required to keep a register of all these cases, and the Local Government Board have no doubt that this register will be considered confidential, so that nothing will be said or done that could cause annoyance or harm to patients or their friends.

No cases under the Poor Law Order have been notified during the year, but 10 under the Tuberculosis in Hospital Regulations. These regulations enable the Council to act as in other cases of infectious diseases, and give them considerable power in dealing with and helping cases of Tuberculosis in the homes of the poor.

It may be of interest if I capitulate the findings of the Royal Commission on Tuberculosis, which has just finished its researches extending over a period of 10 years.

Put briefly, the problems which the Royal Commission on Tuberculosis was appointed to solve, if possible, were:—

- (1) Is tuberculosis in man and animals one and the same disease?
- (2) Can man contract tuberculosis from animals, and *vice versa*.
- (3) Under what conditions, if at all, the transmission of the disease from animals to man takes place: and what are the circumstances favourable or unfavourable to such transmission?

Its main findings may be summed up as follows:—

- (1) Human tuberculosis is identical with the bovine disease.
- (2) Mammals and man can be reciprocally infected with the disease.
- (3) Tuberculosis may be communicated to man by infected cow's milk or by tubercular meat.

In concluding their report the Commissioners urge that, in the interests of the public generally, and especially of infants and children, all the existing regulations and supervision of milk production should be rigidly enforced, and they point out that, apart from the fact that tubercle bacilli swarm in milk coming from cows with *obvious* tubercular disease, such germs may also be present in the milk of tuberculous cows presenting *no local* disease. The Commissioners are convinced that measures for securing the prevention of the drinking of tuberculous milk would greatly reduce the number of cases of tuberculosis of the abdomen and glands of the neck in children, and that such measures should include the exclusions from the food supply of the milk of the recognisably tuberculous cow, irrespective of the site of the disease.

## Cancer.

I have to report the large number of 15 deaths from Cancer: the figures for the previous 10 years were 18, 10, 7, 6, 7, 8, 5, 6, 8, 2.

Progress has been made, and is being made by the Imperial Cancer Research Fund in the investigation and cure of this disease, but scientific work of every kind, and especially work devoted to so obscure and difficult a problem, requires years of minute study and large expenditure before definite results can be obtained. The value of the work of the Fund has been shown by the number of distinguished men who have come from all parts of the world to study the methods of research, which were in progress in this laboratory, and the work which was taking place in what they considered was par excellence the leading place for Cancer research.

## Medical Inspection of Schools and School Children.

In a memorandum of the Local Government Board Medical Officers of Health are asked to state what arrangements are in force for the discharge of the duties in connection with the Education Act (Administrative Provisions). The Act has now been in operation for four years, and is administered in this district by the County Council, who have appointed medical men who give their whole time to the work.

The main object of the Act is the supervision of the individual child, the general sanitation of the school remains much as before in the hands of the Local Authority.

It has not been found necessary to advise the closure of any school, but certain children have been excluded for a time with a view to prevent the spread of infectious disease.

As regards the sanitation generally of the School premises, there is no particular fault to find: I have been particularly careful to impress on the teachers the absolute necessity of efficient ventilation, as this, I consider, one of the most important details in school life.

### **Notification of Infectious Diseases.**

I have received 71 notifications, and it is my custom to visit the affected houses and explain the importance of isolation, and endeavour to trace the origin of the disease: inquiries are also made respecting sanitary conditions and milk supply.

Printed instructions are left giving the best means of preventing the disease spreading, and also details about disinfection of the rooms, hands, &c.

### **Disinfection.**

Disinfection has, as usual, been carried out after every case of infectious disease, and the Council provide Izal gratuitously for use during the illness, which favour I have sometimes found abused, the disinfectant being used needlessly and wastefully, and I have pointed out to the people that it is quite unnecessary to use such large quantities, some of them appear to think that the more they use the more quickly will the patient get well! It is this class of person, too, who is apt to imagine that, having used a plentiful supply of the disinfectant, nothing more is needed, whereas personal cleanliness, both as regards body and clothing, and plenty of air and light are equally as important, if not more so. However, generally speaking, there is not much to grumble at, and I have usually found people reasonable and anxious to do their best to follow out instructions.

The disinfection of the premises afterwards has been carefully done by Hudson, and I do not remember a second case occurring in a house afterwards.

### **Isolation Hospital.**

I am glad to say we had not to make use of our joint Small Pox Hospital. It is, however, a great relief to know that it is there when wanted, for I feel that, with the unvaccinated population



springing up around us, it will be needed some day. As regards the Basford Sanatorium to which we can send cases of Scarlet Fever, Diphtheria, and Typhoid Fever, the arrangement continues to work well. The cases are sent for immediately, and I have heard of no complaints from the patients.

I had occasion to send 10 patients during the year, viz:—

Diphtheria ...	5
Scarlet Fever ...	4
Typhoid Fever	1

I fear that the expense will be considerably more than in previous years, partly because of the greater number of cases sent, and partly because two of them had prolonged stays of many weeks owing to the difficulty of getting the patient free from infection. Two cases also required special nurses.

It is surprising how public opinion has changed the last few years, formerly it was difficult to get the consent of a parent to the removal of a child to an Isolation Hospital, now, however, it is quite the common thing to be asked to send the child away. An Isolation Hospital is primarily intended for the good of the community at large, and not for the individual, so as long as I consider that the patient can be effectually isolated at home, and provided, of course, that in other respects he can be well cared for and looked after, I will not send the case away.

As to the advisability of having a joint hospital for these cases, of course it would be a great convenience to all concerned, but I think the expense would be greater: it would necessarily follow, that if all districts shared according to their rateable value or population, and not to the number of cases sent, that many more patients would be sent. On the other hand the number of beds at Basford at our disposal is very limited, and may be closed to us altogether, if they were required by the Basford Rural District Council, which was exactly what happened a few years ago when there was an outbreak of Small-pox in the Basford district.

I think the subject is well worthy of consideration, but so long as we can rely on beds, I think our present arrangement is the cheaper. I do not suppose the necessity would arise very often, but could not an arrangement be made so that we could depend on a certain number of beds?

## Scavenging.

I have had several complaints during the year that not only were the middens not emptied often enough, but that the sanitary tins were neglected also. This is probably the most important of all sanitary work, without an efficient system of scavenging it is quite useless to try to reduce infant mortality: the collection of decomposing matter near a dwelling is a great source of danger to the inhabitants, apart from the polluted dust, it affords a favourable breeding ground for flies, which infect food and contaminate it with germs which are especially dangerous to infant life, being one of the main causes of epidemic diarrhœa.

The obvious remedy for this state of things is of course the abolition of the privy midden and the substitution of the water carriage system. We have been able to accomplish this in some cases during the year by condemning the dilapidated ones and ordering water closets under the Housing Act, but it is a work that is difficult to accomplish in a poor neighbourhood.

There is the ever increasing difficulty of getting rid of the refuse in the district, and it is a problem that will have to be solved some day. A refuse destructor is badly wanted, it is an expensive concern and I suppose out of the question, but destruction by fire is the only rational and sanitary method of dealing with this waste material.

## Nuisances.

I have heard of no complaints excepting those about the scavenging

## Overcrowding.

I reported what appeared to me a glaring instance of overcrowding, but on your Inspector measuring up the rooms it was found that in only one was there a slight deficiency of air space. The case is worth mentioning if only to show how some of the poor live: A man, his wife, baby, a son of 9 years and two daughters of 6 and 4 years slept in one bed in one room, whilst in another room there were 4 girls of 18, 16, 14 and 12 years all sharing the same bed. A curious feature was the fact that two of the girls, if I remember rightly, were simply lodgers! A little persuasion however, soon got this state of things altered.



## Cowsheds.

These have been inspected during the year by the Sanitary Inspector and myself. In my opinion, as I have often stated, the importance of the subject cannot be over-estimated, for if the cowsheds are not in a good sanitary condition as regards drainage, light, ventilation and sufficiency of air space, the cows cannot be healthy and produce good milk: moreover, under adverse conditions cows are very apt to become tuberculous, and it has been proved beyond doubt that tuberculous cows produce tuberculous milk and so convey the disease to human beings.

I would again ask you to consider the advisability of appointing a Veterinary Inspector to examine all the cows in the district periodically, say twice a year: it has been done in several districts with most beneficial results, tuberculous animals having been detected and destroyed.

There are 33 Cowsheds on the register, and under the Dairies, Cowsheds, and Milkshops Order, 15 notices have been served to put the premises into a condition complying with the regulations: the result has been that 12 have been satisfactorily dealt with, the other 3 have not yet been done, but promises have been obtained that they will be attended to shortly.

Two cowkeepers have voluntarily given up the business, judging, I presume, that it did not justify the outlay.

There are no dairies in the district, the milk in all cases, so far as I am aware, being delivered direct to the retailer and taken by him to the consumer.

## Slaughter Houses.

Systematic inspections, both at slaughtering and other times, have been made of these by the Sanitary Inspector and myself during the year. There are seven licensed. There were no great defects to find in any of them; they were all kept clean, well ventilated and drained.

In one case I had to draw the attention of the owner to more frequent limewashing and the early removal of all refuse after slaughtering.

There is still one slaughter-house in which there is no water laid on, though there is no fault to be found with the condition in which

it is kept; it was always found quite clean. There is no mention of this subject in your Bye-Laws.

No diseased meat has been detected during the year. There is no Inspector with a special certificate in meat inspection.

## Housing, Town Planning Act, 1909.

Much has been done under this Act during the last seven months which will eventually lead to a great improvement in the comfort and health of the poorer classes.

Systematic inspections of houses are made by the Sanitary Inspector and myself, and full details of the conditions found are taken at the time of inspection. These are afterwards transferred to the official records, which are considered by the Housing Committee together with our recommendations. We have always been met with courtesy by the tenants, who at first sometimes looked with suspicion at our visit, but, on hearing our object, afterwards helped in every way they could. We have always endeavoured to be fair and reasonable to the landlord in our suggestions about repairs, although we have never omitted anything which was *essential* for the health of the tenant.

Generally speaking, the housing accommodation throughout the district is good, though, of course, as you are aware, there are many exceptions. But in so many instances it is noticed that if the tenants had only been self-respecting and clean, the property would never have been allowed to get into such a bad condition, so much could have been prevented by the tenants themselves.

Most of the houses inspected so far were not in a good state of repair, though many only required a little doing to them at quite a small cost. Many were defective on account of dampness, due either to the want of a damp course or adequate paving around them, or to a dilapidated roof or spouting. The means of storing food in many of the houses is quite inadequate. In some cases there is no provision at all, and food is kept in all sorts of odd places—sometimes in a stuffy cupboard in the living room, sometimes in a dark, unventilated place under the stairs, and occasionally it appears as if it is left on the table all day. All food should be kept in a properly constructed pantry with free access to the outside air. Another very common defect is the absence of a sink—usually there is only a stone slab, but no water laid on.

These are a few of the usual faults found, but there are many others, such as defective floors, dilapidated stairs, deficient light, unpaved yards, middens in a bad state of repair, etc.

The Medical Officer is asked by the Local Government Board to give in tabular form the following information:—

Houses inspected.	Certified as unfit for human habitation.	Number of closing orders recommended by the M.O.H.
99	24	24
Number of closing orders made by the Council.	Number of houses remedied without a closing order.	Number of houses made fit for habitation after closing order.
24	25	0

Eight houses were voluntarily closed by the landlord after a repairing order had been served.

## Factories, Workshops and Bakehouses.

There are 13 factories, 18 bakehouses, and 44 other workshops on the register.

They have all been inspected during the year, and with the exception of the hosiery workshops, were all in a satisfactory condition. So many of the hosiery workshops were not limewashed frequently enough, and a good many of them were in a dirty condition generally, floors unwashed and unswept and the place teeming in dust. In very few was the Abstract of the Factory and Workshop Act affixed, but inasmuch as there was no suspicions of overcrowding in any of them, this was not so much insisted upon so long as the requests regarding cleanliness were complied with, which was so in the majority of cases without delay, but in others it took a considerable time.

In one the sanitary arrangements were in a very bad state, but these were soon remedied.

As regards the bakehouses, I am glad to be able to again testify to their very excellent condition generally: referring to my Inspection Book I find them classified on the date of inspection as follows:—

Quite satisfactory	...	15
Fair condition	...	1
Requires limewashing	...	1
Bad condition	...	1

The last has been remedied after a notice was served on the landlord.

There is one underground bakehouse which answers all the requirements.

Five lists of out-workers were received from the factories in the district, the total number of out-workers being 171.

None of the factories have complied with Section 107 of the Factory and Workshop Act, which requires that lists of out-workers shall be sent twice a year to the District Council.

There were two instances of infectious disease occurring in out-workers' premises, the work was immediately stopped at my request.

I append the usual Local Government Board's Tables, together with the Report of the Inspector of Nuisances.

In conclusion, I desire to express to the Chairman and Members of the Council my sincere thanks for the unvarying courtesy and consideration which I have at all times received at their hands.

I am, Gentlemen,

Your obedient servant,

HARVEY FRANCIS, M.D.,

*Medical Officer of Health.*

## ARNOLD DISTRICT.

TABLE I.

Vital Statistics of Whole District during 1911 and previous Years.

YEAR.	Popula- tion estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un- corrected Number.	Nett		Number.	Rate.	Of Non- resi- dents regis- tered in the District	Of Resi- dents not regis- tered in the District	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1906	10,233	313	...	30.58	124	12.11	...	16	39	124	140	13.68
1907	10,417	309	...	29.66	119	11.42	...	13	46	148	132	12.67
1908	10,624	332	...	31.25	163	15.34	...	10	57	171	173	16.28
1909	10,755	320	...	29.75	157	14.59	...	12	51	159	169	15.71
1910	10,953	275	...	25.1	125	11.41	...	9	38	138	134	12.23
1911	11,207	286	288	25.69	118	10.52	1	14	40	138	131	11.68

Area of District in acres  
(exclusive of area  
covered by water) } 4,612.

Total population at all ages  
Number of inhabited houses  
Average number of persons per house

... 11,147 }  
... 2,463 } At Census  
... 4.5 } of 1911.

TABLE II.

Cases of Infectious Disease notified during the Year 1911.

NOTIFIABLE DISEASE	NO. OF CASES NOTIFIED							TOTAL CASES REMOVED TO HOSPITAL
	At all Ages	At Ages—Years						
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65 and upwards	
Small-pox	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...
Diphtheria and Membranous Croup	32	8	23	1	...	...	...	5
Erysipelas	...	...	...	...	...	...	...	...
Scarlet Fever	25	4	19	2	...	...	...	4
Typhus Fever	...	...	...	...	...	...	...	...
Enteric Fever	4	...	...	2	2	...	...	1
Relapsing Fever	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...
Phthisis—	...	...	...	...	...	...	...	...
Under Tuberculosis	...	...	...	...	...	...	...	...
Regulations, 1908.	...	...	...	...	...	...	...	...
Under Tuberculosis	...	...	...	...	...	...	...	...
Regulations, 1911.	10	...	2	1	6	1	...	...
Others	...	...	...	...	...	...	...	...
Totals	71	12	44	6	8	1	...	10

Isolation Hospitals—Name and } Hucknall Torkard (Small-Pox only).

Situation } Basford Sanatorium.

Total available beds—40 Number of Diseases that can be concurrently treated—4.



## ARNOLD DISTRICT.

TABLE III.

Causes of, and ages at Death during Year 1911.

CAUSE OF DEATH	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS," WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									TOTAL DEATHS WHETHER OF 'RESIDENTS' OR 'NON-RESIDENTS' IN INSTITUTIONS IN THE DISTRICT
	All Ages	Under 1	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	
All Causes—										
Certified .. ..	130	40	8	4	5	2	15	18	38	..
Uncertified .. ..	1	..	..	..	..	..	..	1	..	..
Enteric Fever .. ..	..	..	..	..	..	..	..	..	..	..
Small-Pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever .. ..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	1	..	..	1	..	..	..	..	..	..
Diphtheria and Croup	4	..	..	1	3	..	..	..	..	..
Influenza .. ..	..	..	..	..	..	..	..	..	..	..
Erysipelas .. ..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary										
Tuberculosis) ..	4	..	1	..	..	..	3	..	..	..
Tuberculous										
Meningitis ..	2	1	..	1	..	..	..	..	..	..
Other Tuberculous										
Diseases .. ..	3	..	..	1	2	..	..	..	..	..
Rheumatic Fever ..	..	..	..	..	..	..	..	..	..	..
Cancer, Malignant										
Disease .. ..	15	..	..	..	..	..	2	7	6	..
Bronchitis .. ..	14	3	..	..	..	..	2	4	5	..
Broncho-Pneumonia..	5	1	1	..	..	..	..	1	2	..
Pneumonia (all other										
forms) .. ..	5	1	..	..	..	..	2	..	2	..
Other Diseases of										
Respiratory Organs	1	..	..	..	..	..	..	1	..	..
Diarrhoea & Enteritis	17	14	3	..	..	..	..	..	..	..
Appendicitis and										
Typhlitis .. ..	..	..	..	..	..	..	..	..	..	..
Alcoholism .. ..	..	..	..	..	..	..	..	..	..	..
Cirrhosis of Liver ..	..	..	..	..	..	..	..	..	..	..
Nephritis & Bright's										
Disease .. ..	2	..	..	..	..	..	2	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..
Other Accidents and										
Diseases of Preg-										
nancy & Parturition	1	..	..	..	..	..	1	..	..	..
Congenital Debility										
and Malformation,										
including Prema-										
ture Birth .. ..	16	16	..	..	..	..	..	..	..	..
Violent Deaths, ex-										
cluding Suicide ..	..	..	..	..	..	..	..	..	..	..
Suicides .. ..	1	..	..	..	..	..	1	..	..	..
Other Defined										
Diseases .. ..	40	4	3	..	..	2	2	6	23	..
Diseases ill-defined or										
unknown .. ..	..	..	..	..	..	..	..	..	..	..
	131	40	8	4	5	2	15	19	38	..



ARNOLD DISTRICT.

TABLE IV.

### Infantile Mortality during the Year 1911.

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under One Year
All Causes { Certified .. { Uncertified..	10 ..	.. ..	.. ..	2 ..	12 ..	10 ..	9 ..	3 ..	6 ..	40 ..
Small-Pox .. ..	..	..	..	..	..	..	..	..	..	..
Chicken-Pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever.. ..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	..	..	..	..	..	..	..
Diarrhœa .. ..	..	..	..	..	..	7	5	1	1	14
Enteritis .. ..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	..	..	..	..	..	..	..	..	1	1
Abdominal Tuberculosis	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	..	..	..	..	..	..	..	..	..	..
Premature Birth ..	7	..	..	1	8	..	..	..	..	8
Atrophy, Debility, and Marasmus	2	..	..	..	2	3	2	1	..	8
Atelectasis .. ..	..	..	..	..	..	..	..	..	..	..
Injury at Birth ..	..	..	..	..	..	..	..	..	..	..
Erysipelas .. ..	..	..	..	..	..	..	..	..	..	..
Syphilis .. ..	..	..	..	..	..	..	..	..	..	..
Rickets .. ..	..	..	..	..	..	..	1	..	..	1
Meningitis ( <i>not Tuberculous</i> )	..	..	..	..	..	..	..	..	..	..
Convulsions .. ..	1	..	..	1	2	..	..	..	..	2
Gastritis .. ..	..	..	..	..	..	..	..	..	..	..
Laryngitis .. ..	..	..	..	..	..	..	..	..	..	..
Bronchitis .. ..	..	..	..	..	..	..	1	..	2	3
Pneumonia (all forms)	..	..	..	..	..	..	..	..	2	2
Suffocation, overlying	..	..	..	..	..	..	..	..	..	..
Other Causes.. ..	..	..	..	..	..	..	..	1	..	1
Totals .. ..	10	..	..	2	12	10	9	3	6	40

Nett Births in the year { Legitimate, 273.  
  { Illegitimate, 15.

Nett Deaths in the year { Legitimate infants, 37.  
 { Illegitimate infants, 3.

## ARNOLD DISTRICT.

*Annual Report of the Medical Officer of Health for the year 1911 on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, Workplaces and Homework.*

## 1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Prosecutions (4)
<b>Factories</b> (including Factory Laundries) .. .. .	38	..	..
<b>Workshops</b> (including Workshop Laundries) .. .. .	110	1	..
<b>Workplaces</b> (other than the Outworkers' premises included in Part 3 of this Report) .. .. .	..	..	..
Total .. .. .	148	1	..

## 2.—DEFECTS FOUND.

Particulars. (1)	No. of Defects.			Number of Prosecutions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness .. .. .	7	7	..	..
Other nuisances .. .. .	2	2	..	..
Sanitary accommodation unsuitable or defective ..	1	1	..	..
<i>Offences under the Factory and Workshop Act :—</i>				
Breach of special sanitary requirements for bake-houses (ss. 97 to 100) .. .. .	2	1	..	..
Total .. .. .	12	11	..	..

### 3.—HOME WORK.

NATURE OF WORK	OUTWORKERS' LISTS, SECTION 107										OUTWORK IN UNWHOLESOME PREMISES, SECTION 108			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110		
	Lists received from Employers					Prosecutions					Instances		Prosecutions	Instances		Prosecutions
	Sending twice in the year		Sending once in the year			Failing to keep or sending lists.		(6) permit inspection of lists		(10) Failing to send lists	Notices served on Occupiers as to keeping or sending lists.		(12) Notices served	Prosecutions		(15) Orders made (S. 110)
	Outworkers		Outworkers			Lists		Con-tractors		(4) Workmen	Lists		Con-tractors		(6) Workmen	(7)
	(2) Lists	(3) Con-tractors	(4) Workmen	(5) Lists	(6) Con-tractors	(7) Workmen	(8) Notices served on Occupiers as to keeping or sending lists.	(9) Failing to keep or sending lists.	(10) Failing to permit inspection of lists	(11) Failing to send lists	(12) Notices served	(13) Prosecutions	(14) Instances	(15) Orders made (S. 110)	(16) Prosecutions	(17)
(1) Wearing apparel—																
(1) making, &c.	..	..	..	4	40	144	..	..	..	..	3	..	3	..	..	..
(2) cleaning and washing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lace, lace curtains and nets	..	..	..	1	..	27	..	..	..	..	..	..	..	2	..	..
Total ..	..	..	..	5	40	171	..	..	..	..	3	..	3	2	..	..

## 4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Num- ber. (2)
Bakehouses .. .. .	18
Hosiery .. .. .	13
Joiners, Shoe Repairers, &c. .. .. .	31
Total number of workshops on Register .. .. .	62

## 5.—OTHER MATTERS.

Class. (1)	Num- ber. (2)
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133) .. .. .	.. ..
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5) {	Notified by H.M. Inspector .. ..
Reports (of action taken) sent to H.M. Inspector .. .. .	.. ..
Other .. .. .	.. ..
Underground Bakehouses (s. 101) :—	
Certificates granted during the year .. .. .	.. ..
In use at the end of the year .. .. .	1

February 26th, 1912.

Harvey Francis,  
Medical Officer of Health.

# ARNOLD DISTRICT.

## Phthisis: Sanatorium and Hospital Accommodation.

Classes for which accommodation is provided.	By whom provided.	Where situated.	Total number of Beds.	How are patients selected?	Are patients under the care of a resident Medical Officer?	What charge, if any, is made for the use of Beds?	Do the Sanitary Authority use— (1) their Isolation Hospital, or (2) their Small-pox Hospital, for cases of Phthisis?	Do the Sanitary Authority reserve Beds in any Phthisis Sanatorium: If so, how many, and in what Sanatorium?	Do the Sanitary Authority provide portable open-air Shelters or Tents?
(a) Early cases ..	Notts. Sanatorium	Ratcliff Hill, Mansfield	30	Recommendations from Subscribers	Yes	Recommendations cost £1 each: Twenty are required for a stay of three months	No	No	No
(b) Intermediate cases									
(c) Advanced cases ..									
	General Hospital	Nottingham ..	24	Recommendations from Subscribers	Yes	None			
	General Hospital	Nottingham ..							

Have the Council, or any Private Body, provided a Dispensary. If so, give particulars.—No  
January 25th, 1912.

*Harvey Francis,*  
*Medical Officer of Health.*

# Arnold Urban District Council.

## Inspector of Nuisances' Annual Report.

GENTLEMEN,

In accordance with the requirements of the Local Government Board, I have pleasure in reporting upon the various works carried out during the year ending 31st December, 1911.

The past year for me has been the most active of the 9 years I have been your Inspector, chiefly on account of the large scheme of sewerage at Woodthorpe and Mapperley.

Stoneware pipe sewers of 12 and 9 inches diameter were laid in :—

Breck Hill Road	...	...	...	length	2104	yards
Maitland Road	...	...	...	"	566	"
Coronation Road	...	...	...	"	850	"
Bonnington Road	..	...	...	"	366	"
Gretton Road	...	...	...	"	349	"
Beech Avenue	..	...	...	"	413	"
Clumber Avenue	...	...	...	"	415	"
Clipstone Avenue	...	...	...	"	181	"
Birkland Avenue	...	...	...	"	654	"
Mapperley Plains Road	...	...	...	"	151	"
Woodthorpe Drive	..	...	...	"	788	"
Marlborough Road	...	...	...	"	122	"
Gedling Road	...	...	...	"	570	"
Through gardens from Coronation Road						
to Clipstone Avenue	...	...	...	"	425	"
				Total length	7954	"

In consequence of the above and other roads being sewered, the houses upon them previously draining into cesspools, have been connected to the new sewers :—

Breck Hill Road ... .. 9	Marlborough Road ... .. 8
Maitland Road ... .. 22	Woodthorpe Drive ... .. 10
Coronation Road ... .. 4	Gedling Road ... .. 3
Bonnington Road ... .. 8	Grange Road... .. 15
Gretton Road ... .. 9	Spout Lane ... .. 2
Beech Avenue ... .. 8	Grafton Avenue ... .. 7
Clumber Avenue ... .. 6	Buckingham Road ... .. 3
Clipstone Avenue ... .. 2	Woodthorpe Avenue... .. 2
Birkland Avenue ... .. 2	—
Plains Road ... .. 1	121

In addition to the above, 29 new houses in various parts of the district were drained into the sewers.

The working of the whole of the old and new sewers has been exceptionally good, only 2 temporary blockages having occurred. A new storm water overflow has been fixed on the Thackeray's Lane outfall sewer, but as yet it has not been in action.

During the dry weather the automatic flushing apparatus, which is fed by spring water, became useless when most necessary as the springs dried up. This is a very unusual occurrence.

The agreement with Carlton Urban District Council for the taking of sewage from the Mapperley district terminated on the completion of the Breck Hill Road sewer.

### Scavenging.

The removal of house refuse has been satisfactorily performed by the Contractor. 233 notices to empty ashpits were served upon him. The Contractor informs me he has greater difficulty in disposing of the refuse to farmers in the neighbourhood, and the dry ashes have for some time been used to improve and raise an occupation road on the outskirts of the parish.

It is now 10 years since the Council required every new house to be provided with a water closet and a movable ashbin, but little has been done to abolish the midden privies and ashpits on old property. Several years ago the owners of two blocks of property were compelled to abolish their midden privies and to substitute water closets and ashbins instead. Waste water closets were constructed, and for a considerable time they were an annoyance to the tenants by reason of their frequent blockage, chiefly due to neglect



and ignorance of how to use them. With experience in their working the closets are now working satisfactorily. In the interests of the inhabitants and for the better sanitation of the district all the midden privies should be abolished. The charge for water for a W.C. is but small, ranging from 4/- to 6/- each per annum, according to the class of house.

### **Cowsheds and Dairies.**

Owing to the adoption of the model regulations dealing with Cowsheds and Dairies, most of the Cowsheds have had to be measured up for cubic capacity. 15 notices were served upon the owners of Cowsheds requiring them to put their premises in order or to provide additional accommodation. 11 of the notices have been complied with and the remainder have again been urged to carry out the notices. There are 33 cow-keepers and 32 purveyors of milk in the district. There are no dairies or milk shops.

### **Slaughter Houses.**

The seven slaughter houses have been frequently inspected. With one exception they are in a good state of repair and are cleansed as required. The exception has a bad floor which requires re-laying. The bye-laws require the receptacle for the garbage to be covered, but this has never been complied with. The licensees should be asked to carry out this bye-law.

### **Bakehouses.**

The Bakehouses are inspected twice yearly and were generally found to be satisfactory. One bakehouse is used as a scullery, having a water tap and sink properly disconnected from the drain outside. It would be advisable for this sink to be removed. One disused bakehouse has been re-occupied and one new one has been constructed.

### **Outworkers.**

Eighteen lists of outworkers have been received containing 171 names; 18 addresses came from other local authorities and 4 were sent out. This part of the Factory and Workshops Act is not carried out as it should be. None of the firms have sent in more than once and the contractors who give out work of seaming, mending, etc.,

have failed to send in the required notices. We are not alone in this respect as I know of firms in the adjoining district who have work done in this district without our being notified.

## Housing and Town Planning Act.

In conjunction with the Medical Officer of Health, 99 houses have been reported upon since the Special Committee was formed to deal with the question. 24 houses have been closed upon the certificate of the Medical Officer of Health, 8 others have been voluntarily closed by the owner instead of carrying out the necessary work to put them in order. 25 houses have been put in order and the notices complied with and the remainder are in the same condition.

Owing to the many cases of infectious disease rather more houses than usual have been disinfected by Formaldehyde gas or the spraying of the walls.

During the illness of the patients a strong germicidal disinfectant was supplied free to those who cared to call for it.

Under the head of general nuisances very few complaints have been received. Owing to the dearness of food and the restrictions but few pigs are kept. Choked house drains are rare; this I think shows the necessity why all new drains should be properly laid and tested before they are covered up.

Up to the visit of the Local Government Board inspector, no record of the number of inspections of premises had been kept, but since then 2,208 inspections have been made, many of which refer to a block of houses or yards containing several houses. In addition to many personal requests, 115 informal notices and 29 legal notices were served to rectify various matters, the majority of which have been carried out. One person had to be prosecuted during the year.

I have the honour to remain,

Your obedient servant,

R. E. CLARKE,

*Inspector of Nuisances.*